

ELLIS VS. RBSBC

Kayla Ellis

(permanent) 8973 Adobe Creek Way

Elk Grove, California 95758

United States of America

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Self- Representation for Plaintiff

CURRENT: 5242 S Cobble Creek Road 11G

Salt Lake City, Utah 84117

United States of America

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF OREGON
PORTLAND DIVISION

KAYLA ELLIS, an individual;

Plaintiff,

v.

**REGENCE BLUE CROSS BLUE SHIELD of
OREGON**, an Oregon Insurance Company.

Defendant.

Case No: 3:24-cv-534-AN

COMPLAINT AND JURY TRIAL DEMAND;
REQUEST FOR MEDIATION

Insurance Malpractice

Demand: \$19,985,000.00 USD

NATURE AND ACTION

1. Plaintiff Kayla Ellis ("Plaintiff") brings this action to seek redress from Regence Blue Cross Blue Shield ("Defendant") (RBSBC) in violation of Insurance Malpractice.
2. Plaintiff seeks to call on law ORS 12.135 Real Property, Ms. Ellis was in contract with Defendant for insurance and it's services; stating- not more than 10 years. Ms. Ellis has suffered severely in medical and psychological ways and beyond repair.

JURISDICTION AND VENUE

3. The Court has jurisdiction of this action under 28 U.S.C 1331 because it arises under the laws of the United States. This Court has supplemental jurisdiction of Plaintiffs' Oregon state law claims under 28 U.S.C. 1367 because the claims are so related to Plaintiffs' federal law claims that they form part of the same case under Article III of the United States Constitution.
4. The unlawful actions alleged herein were committed in the District of Oregon and venue is proper in this district.

PARTIES

5. At all times relevant to this complaint, Plaintiff was an individual resident of the State of Oregon. The plaintiff is currently an individual residing in the State of Utah.
6. Defendant is an Oregon Insurance company under the laws of the State of Oregon.

COMMON FACTS

7. Plaintiff was insured by Defendant, Regence Blue Cross Blue Shield of Oregon, from August 1, 2013- October 31, 2014, having met her 90-day probationary period (as of 7/16/2013 per HR, C. Denese Jensen) with her employer (Vial Fotheringham LLP) for 100% paid insurance coverage.

ID NO: YVA130133922

Group No. 10013609

RX BIN: 610623 PCN 02050000

8. Plaintiff verifies that her medical condition, epilepsy, is not withheld or excluded in any manner from treatment or payments on her coverage plan. Plaintiff diagnosed with this lifelong condition in 1999.
9. Plaintiff was treated minimal times throughout 2013-2014 and bills and medication coverage were primarily covered by Defendants billing department.
10. Plaintiff was ill September 2014/ October 2014 and bills were neglected by Defendant though in the coverage period. Plaintiff has made attempts to rectify this error and have these charges dropped from her credit report. No help has been given even with copies

of bills sent, and emails on request. Her bills have now left her high credit rating and emotional damage and lifelong mental trauma.

FIRST CLAIM FOR RELIEF

11. Plaintiff realleges paragraphs 1-10.
12. Plaintiff is entitled to recover liquidated damages, attorney fees, and costs.

SECOND CLAIM FOR RELIEF

13. Plaintiff realleges paragraphs 1-10.
14. Defendant is liable to Plaintiff for punitive damages because Defendant has shown reckless and outrageous indifference to a highly unreasonable risk of harm and has acted with a conscious indifference to Plaintiff's health, safety, and welfare.

PRAYER FOR RELIEF

WHEREFORE, Plaintiffs' demand judgement against Defendants as follows:

A: On Plaintiffs' First Claims for Relief:

- a. Economic damages including lost wages, employment benefits, and other actual monetary losses.
- b. Liquidated damages.
- c. Attorney's fees and costs.
- d. All other equitable and legal relief this court deems just.

B. On Plaintiffs' Second Claims for Relief:

- a. Economic damages including lost wages, employment benefits, and other actual monetary losses.
- b. Non-economic damages.
- c. Punitive damages.

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d. All other equitable and legal relief this Court deems just.

JURY TRIAL DEMAND

Plaintiff demands a trial by jury of all issues properly subject to a jury trial.

REQUEST FOR MEDIATION

Plaintiff requests a smaller solution to this matter in a swift and timely manner. Ms. Ellis will do so with deliverance of evidence and more kindness on her part and with the hope of the Defending party settling in a respected fashion.

Dated: 21 March 2024

__/s/ Kayla Ellis__

Kayla Ellis

Self-Represented for Plaintiff

Certification of Service

CERTIFICATION OF SERVICE

CASE NO:

I hereby certify that on 22 March 2024, I served the forgoing notice:

Complaint/ Jury Trial Demand/ Request for Mediation

Mark Hatfield Courthouse

1000 SW Third Ave

Portland, Oregon 97204

USA

Regence Blue Cross Blue Shield of OR

100 SW Market Street

Portland, Oregon 97201

USA

(*pending approval and service)

- By **electronic** means through the Courts Case Management/ Electronic Case File system, which will send automatic notification of filing to each person listed above.
- By **Mailing** a true and correct copy to the last known address of each person listed. It was contained in a sealed envelope, with posted paid, addressed as stated above, and deposited with the U.S. Postal Service in Murray, Utah.
- By causing a true and copy to be **hand- delivered** to the last known address of each person listed. It was contained in a sealed envelope and addressed as stated above.
- By causing a true and correct copy to be delivered via **overnight courier** to the last known address of each known address of each person listed. It was contained in a sealed envelope, with courier fees paid, and addressed as stated above.
- By **faxing** a true and correct copy to the last known facsimile number of each person listed, with confirmation of delivery. It was addressed as stated above.
- By **emailing** a true and correct copy to the last known email address of each person listed, with confirmation of delivery.

By /s/ __Kayla Ellis__, Self-Representation, 22 March 2024

INSTRUCTIONS TO SHERIFF

Court Case No: _____

PARTY TO BE SERVED

(USE SEPARATE FORM FOR EACH INDIVIDUAL OR BUSINESS TO BE SERVED)

Name (and NICKNAMES) of party to be served: Regence Blue cross Blue Shield of Oregon

THE PARTY IS TO BE SERVED AS

☐ An individual,☒ A Corporation or Limited Partnership,☐ A Public BodyDESCRIPTION Date of Birth: unk. Age: unk. Sex: unk. Height: unk. Weight: unk.Scars, Marks or Tattoos: unk.Vehicle(s) driven by party (SPECIFY MAKE/ MODEL, COLOR, LICENSE PLATE), if known: Business

Address For Service	Home: <u>100</u>	Best Day(s)/Times(s) _____
	Work: <u>1250 SW Market Street, Portland OR 97201</u>	Best Day(s)/Times(s) <u>MTF 5am-8pm</u>
	Other: _____	Best Day(s)/Times(s) <u>Sat. 8am-4:30pm</u>

Is there a Gate and/or No Trespass sign at this location? (CIRCLE ONE) Yes* / No

*If YES, any service beyond the gate or No Trespass sign may not be made at this location.

Are you the legal resident or owner of this property? (CIRCLE ONE) Yes** / No per Google**If YES, Please sign to give consent for the deputy to go beyond the gate/sign for service: Image

Signature authorizing consent to serve: _____

(If other occupants of the property revoke consent, service **may not** be made at the location.)**RISK ANALYSIS**Please advise us of any of the following that you suspect. This information is only used for officer safety. (WEAPONS, DOGS, PAST VIOLENCE, DRUGS/ALCOHOL, KNOWN MENTAL ILLNESS, or OTHER – PLEASE SPECIFY):

_____**PARTY REQUESTING SERVICE**I, (PRINT NAME) Kayla Ellis, the party requesting service in this case, hereby request the Sheriff of Multnomah County to serve the following: ****LIST ALL DOCUMENTS****complaint/jury trial Demand/Request mediation (1 doc)

Your Contact Information: (FOR MCSO USE ONLY, WILL NOT BE SHARED WITH THE OTHER PARTY)

Name: <u>Kayla Ellis</u>	Date of Birth: <u>09/11/1986</u>
Home Address: <u>5242 S cobble creek Rd 119</u> <u>Salt Lake City, Utah 84117</u>	Mailing Address: <u>5242 S cobble creek Rd 119</u> <u>Salt Lake City, Utah 84117</u>
Main Phone #: <u>916-203-4154</u>	Alt Phone #: <u>N/A</u>

SIGNATURE OF PERSON REQUESTING SERVICESignature: Ellis Date: 22 March 2024

Type of Service (Personal, Substitute, Office etc.) is made according to ORS & ORCP requirements. Information provided will not override any existing rules of civil process.

Please note that failure to complete this information could delay the service or execution of your process, or could result in returning your paperwork if it is unclear to the sheriff precisely who you want served, etc. Personal injury to a deputy sheriff could also result by omitting any information. This information will be used solely for the execution of process and for officer safety purposes. Information provided could be subject to disclosure under ORS Chapter 192. Your assistance is greatly appreciated.

Deputies – Do not serve this form.
Please return to CIVIL OFFICE after service is complete.